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February 16, 2005

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## FAX

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Centralized Fax Dept. GAU 3671 Examiner Alica M. Torres	703.872.9306	U.S. Patent and Trademark Office Alexandria, VA 22313-1450

Larry A. Roberts	PAGES (WITH COVER)		
0889	43071/287794 CLIENT/MATTER NO.		

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COMMEN			Uld Toydos		
	Applicant:		Harold Taylor Tracking Hitch Assembly Utilizing Tractor Lift Arms as Stabilizers		
Title:					
	•				
	Serial N	o./Docket No.:	10/628,985	43071/287794	
	PAPER:	S SUBMITTED: PTO/SB/21 -	- Transmittal form;		
	2.		- Fee Transmittal		
3. Petition to Wil			ithdraw Holding of Abandoni	ment	
	Date:	February 16,	2005		
	Bv:	Larry A. Rob	erts, Reg. No. 31,871		

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PTD/SB/21 (09-04)
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		Application Number		10/628,985	
TRANSMITTAL FORM		Filing Date		July 28, 2003	
		First Named Invento	or	Harold Taylor	
		Art Unit		3671	
(to be used for all correspondence a	rens laWal Elical	Examiner Name		Torres, Alica M.	
Total Number of Pages in This Sub	Attorney Docket Nu	mber	43071/287794		
ENCLOSURES (check all that apply)					
Fee Transmittal Form	Drawing(		T	After Allowance Communication to TC	
		-related Papers		Appeal Communication to Board	
		,		of Appeats and Interferences  Appeal Communication to TC	
Amendment / Reply	Petition			(Appeal Notice, Brief, Reply Brief)	
After Final		Petition to Convert to a Provisional Application		Proprietary Information	
Affidavits/declaration(s)	Power of Change	Power of Attorney, Revocation Change of Correspondence Address		Status Letter	
Extension of Time Request	Terminal	Terminal Disclaimer		Other Enclosure(s) (please identify below):	
Request		for Refund		Petition to Withdraw Holding of Abandonment	
Express Abandonment Request		nber of CD(s)		Adanograment	
☐ Information Disclosure Statement ☐ Lar		indscape Table on CD			
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Reply to Missing Parts/					
Incomplete Application				İ	
Reply to Missing Parts under 37 CFR1.52 or 1.5	3				
	SIGNATURE OF	APPLICANT, ATTOR	RNEY, O	R AGENT	
Firm	Firm KILPATRICK STOCKTON LLP				
Signature	Signature Jan A-Rolend				
Printed Name Larry A. Roberts					
Date Feb. 16		,2005	Reg. No.	31,871	
		ATE OF TRANSMISS	ION/MA	LING	
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Typed or printed name Ster	ve Kennedy	-		Date FERNARY 16, 2005	

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Under the Pagerwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/628,985 Application Number **TRANSMIT** Filing Dale July 28, <u>2003</u> Harold Taylor For FY 2005 First Named Inventor Torres, Alicia M **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 3671 Art Unit 43071/287794 TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Credit Card None Other (please identify): Check Deposit Account Name: Kilpatrick Stockton LLP Deposit Account Deposit Account Number 11-0855 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee Charge fee(s) Indicated below Cherge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X m may become public. Credit card information should not be included on this form. Provide credit card WARNING: Information on this fol Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) 200 100 300 150 500 250 Utility 200 100 100 50 130 65 Design 160 300 80 200 100 150 Plant 500 600 300 150 250 Reissuc 300 0 n 200 100 0 Provisional S<u>mail Entity</u> 2. EXCESS CLAIM FEES Fea (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissucs) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims <u>Fee (\$)</u> **Total Claims** <u>Fee (\$)</u> Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Pald (\$) Fee (\$) Indep. Claims - 3 or HP ≈ HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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SUBMITTED BY			
Signature	Tango Policets	Registration No. 31,781	Telephone 404.745.2409
Name (Print/Type)	Larry A. Roberts		Date FCB. 16, 2005

Non-English Specification, \$130 fee (no small entity discount)

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